MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 50

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lefacts give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Harva M. Barnes	<i>.</i>
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH
B.(b) Name of husband or wife Alavid Barner. 5.(c) If alive, give age 7 4 years deceased (mo., day, yr.) 1-25-1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days it less than one day hrs. min. 9. Birihpiace DS Lave A Creek Mid-	Due to - hutartage Carrier
1D. Usual occupation. Domestie 11. Industry or business 12. Name. Grhu Smith. 13. Birthplace M &	Other conditions (Include pregnancy within 8 months of death)
14. Malden name. 15. Birthplace Md. 16. Informant. Address Island Creek, Md	Major findings of operations
(Buriai, cremation, or removal. Which?) Cemetery or crematory. Calcult. Calcult.	Accident, suicide, or homicide
18. Funeral director. P.E. Seccell Address Prince Frederick, Fred 19. //- /7 19 % W. W. Word Registrar Registrar	23. SIGNATURE. Address Address Address Date signed M. D. or other 15/46



MARYLAND STATE DEPARTMENT OF HEALTH

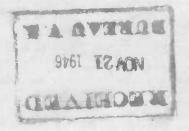
2411 N. Charles St., Baltimore /3/20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Presentation and	State and County Colvert		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. Present Tradeciste, and.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. appeal.		
	(If rurnl, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Hales Franklen Ruck.	219-12-39-52		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m c x			
	20. DATE OF DEATH 19.46 at 2. A. M		
6.(b) Name of husband or wife Tenne Buck.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
2/24-1-49	2 aug 1976, 10 6 Mass 1976,		
7. Birth date of	and that I last saw h 19 46		
deceased (mo., day, yr.)	Immediate canne of death DURATION		
8. AGE: Years Months Days If less than one day	Cardiae asthria		
5-5- min.	Hypertiniane carolio variales		
9. Birthplace 7md	Bue to reval disease.		
(Town, county, and state)	DUC TALL		
10. Usual occupation	Due to		
11, Industry or business			
12. Name Lyod Buck.	Other conditions		
12. Name Lyod Buck.			
	(Include pregnancy within 3 months of death)		
14. Maiden name. Succession 15. Birthplace	Major findings of operations.		
₹ 15. Birthplace .	Date of op.		
18. Informant Derrie Buck.	Antopsy results.		
0	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address aggreet This.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
to the same of the			
Cemetery or crematory Eagletin Chapel:	Where did injury occur?		
Location Calvert.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director P.E. Scwell.	Means of Injury Injured at work?		
Address Prince Friderick Wid	of Visconia		
77. 118 11 Mali 12	23. SIGNATURE M. D. or other		
19. (Date ree'd by registrar) Registrar	Address Huntrigtown MD Date signed /8 Noy 46		

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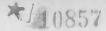


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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &



		F 5
Reg.	Diat.	No. 20

Size City or form. (If outside cety or form limits, write NUKAL and give nearest town) How long is above piece of death? New long is hospital or institution, or street address where death accurred: Sirest 8a. (If outside city or form limits, write NUKAL and give nearest town) New long is hospital or institution? 3. ((a) FULL NAME 4. Sez 3. ((a) FULL NAME 4. Sez 3. ((b) Full or face 5. ((c) Name of bushand or wife 8. ((c) Name of bushand or wife 1. Sirest 8a. 1. ((d) Full of state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of the data above stated; that a state deceased from state of death. 10. Usual occupation. 11. Indicator or business 11. Indicator or business 12. Name. 13. ((include preparatory within 8 months of death) 14. Maiden name. 15. Sirbhjace 16. Sirbhjace 17. Sirbhjace 18. Indicator or commity, and state of the	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If coasials extry or town limits, write RURAL and give nearest town) (If outside extry or town limits, write RURAL and give nearest town) (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) Street No. (If outside extry or town limits, write RURAL and give nearest town) MEDICAL CERTIFICATION 20. BFIE BERTAL DEATED 10. BFIE BERTAL	County	
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Sirest No. (If rural), give LOCATION) Social Security Number		(If outside city or town limits, write RURAL and give nearest town)
Hew long in hospital or institution? 3. (d) FULL NAME 4. Sex	Hospital, Institution, or street address where death occurred:	
Now long in hospital or institution?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. (d) FULL NAME 4. Sex 5. Color or raced 6. (a) Singly, married, widered, or diversed. MEDICAL CERTIFICATION 20. BATE DF BEATH. 21. I CERTIFY that death occurred on the date above stated; that I altereded deceased from the deceased (mo., day, rr.) 8. AGE: Vers: Months 8. AGE: Vers: Months 8. It less than one day 11. Indicative or husiness 11. Informant 12. Rame 13. Birthplace 14. Maiden name 15. Birthplace 16. (a) Singly, married, widered, or diversed. 16. (b) Same of husiness 17. Birth date or the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altered deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded deceased from the date above stated; that I altereded from the date above stated; that I altereded from the date above stated; that I altereded from the date abo	New long in hospital or institution?	
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8. (6) Rame of husband or wife. 8. (6) Rame of husband or wife. 8. (6) Halve, give age. 9. Birth date of deceased (no. day, yr.) 10. Usual occupation. 11. Indivitry or business 12. Rame 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. (Include pregnancy within 8 months of death) Major findings of operations. 18. Indivitry or business 18. Individual pregnancy within 8 months of death) Major findings of operations. 18. Individual pregnancy within 8 months of death) Major findings of operations. 18. Individual pregnancy within 8 months of death) Major findings of operations. 18. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregnancy within 8 months of death) Major findings of operations. 19. Individual pregn	John ashley " Cra	3. (b) Social Security Number
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Cemetery or crematory Location 18. Funeral director Address Director (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE 23. SIGNATURE	B 0 1 m. 6116	22. VIOLENCE: If death was due to external causes, till in the following;
Cemetery or crematory Holy Cross Comp. Location Mr. Brown Kelyn Mel Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? Address Own 23, SIGNATURE Alexanders	(Rurial grametion or removel Which?)	Accident, suicide, or homicide
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23. SIGNATURE	n 1	0011
	Address Vivingo Ka	
19. More rec'd by registrar) 19. The State of Hele Ages the Manual State of Mary 46 (Date rec'd by registrar)	19. Nor & 19 46 Trace de Neutel (Date rec'd by registrar) Registrar	M. D. or other

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MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

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Reg.			200	1	1
Reg	Dist.	No.		ж.	0

10858

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lnfants give residence of mother)
County Calver	21
City or town (If outside city or town limits, write RURAL and give nearest town)	State
(If outside city or town timits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city of town limits, write NORAD and give dealest wall)
	Street No
	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
B. Eugene flawkins	220
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W 3	20. DATE DE DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	19. 10 200 23 15°C
7. Birth date of	
deceased (mo., day, yr.) mar. 20, 18\$4	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
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84 8 3	Co coucing of the control
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation. Farmer	Due to Hippelianone aclas or class
11. Industry or business	
12 Name Ophs T. Markins	Diher conditions
12. Name Johns T. Dankers	
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Return Droma	Major findings of operations
15. Birthplace	Date of op.
I don't Kanida as Th.	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Usland reck, mil	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Buil Date thereof 25, 1946	
17. (Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	
Cemetery or crematory. Classest Church	Where did injury occur?
Part Republic med	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
19. Funeral director	() ()
Address mutual, med	1 de Villamed
11 1 71 71 911 1110-1	23. SIGNATURE M. D. or other
19. (Dato ree'd by registrar) Registrar	Address Inice dedent Date signed how topic



23. SIGNATURE.

10859

M. D. or other

.Date signed.....

se e		rles St., Baltimore 83-0
correct a	CERTIFICA	TE OF DEATH
carefully. The	1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RURAL Sireel No. (If rural, give LOCATION)
ARGIN RESERVED FOR BINDING FADING INK. Supply every item of information Physicians: please write the causes of death cle	3. (a) FULL NAME 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced B.(b) Name of husband or wife 12	and that I last saw / arms. alive on
A Z	3 13. Birthplace Calvert 6 tuell	

Date thereof... 20194 (month) (day) (year)

(For newborn infants give residence of mo	ther)
State 222 County	Calrest
0.	0
City or town(If outside city or town limits, w	rite RURAL and give nearest town)
Street No	***************************************
(If rural, give LC	CATION)
2.(a) If veteran, name war.	
1	3. (b) Social Security Number
	3. (0) Social Security Number
	120
MEDICAL CER	TIFICATION
20. DATE OF DEATH.	28, 19.46 at 4 A
21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
1 may 194	6 10 28 hay 19 7-4
and that I last saw Varanta alive on 25	2 vou 1983
Immediate cause of death	DURATION
Due to. Hypuleuro	<u> </u>
	
Due to	

Other conditions	
(Include pregnancy within 3 mol	nths of death)
Major findings el operations	
	Date of op
Autopsy results	***************************************
PHYSICIAN: Please underline the cause to which	death should be charged statistically.
22. VIOLENCE: If death was due to external causes	s, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
injured at home, farm, industry, public place (when	e?)
Means of Injury	Injured at work?
Olle	9

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PLEASE WRITE PLAINLY, WITH U is especially importar

14. Maiden na 15. Birthplace 14. Malden name...

17. Burial (Burial, cremation, or removal. Whigh?)

16. Informant

Address

19. //- 3 o (Date rec'd by registrar)

VS A15

DEC 6 1946
BURDA T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1 1		17)
D	Disk	No.

1. PLACE OF DEATH: PARTY X	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County.	mareland (myster)	
City or town	State County County	
How long in above place of death?	City or town	
Hospital, institution, or street address where death occurred:	Sireet No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Ella Kenx	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Remale Colored married	2D. DATE OF DEATH November 24 19 # 6 at 5 A M.	
6.(6) Name of husband or wie George Wash Kent	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age 7.0 years		
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on	
8. AGE: Years Months Days if less than one day	Immediate cause of death	
61hrsmin.	angina Pectoris ?	
9. Birthplace Baltimore, maryland	Due to.	
(Town, county, and state)	attleursclerose	
11. Industry or business	Due to Condden de Alla	
	no doctor allenders	
12. Name Steven Ourvy 13. Birthplace Maryland	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Josephine Worlson 15. Sirthplace Maryland	Major findings of operations.	
21 15. Siringiace	Date of op	
18. Informant	Actopsy results	
Address Otto March 1000	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Eastern / Chafel	Where did injury occur?	
Location Oliver maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Cambely Sewell	Means of injury Injured at work?	
Address Frence Grederick	E. S. Poston ned ;	
11/24 46 D.E. B. Caster	23. SIGNATURE M. D. or other	
19	Address Attomoro Date signed 124/46	

DEC 3 1946 ...
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2-500- 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	10	86	15	-0.5	2
Re	g. Dia	t. No			0 0 0 00

27

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State md County Calvert		
City er tews	00		
How long in above place of death?	(If outside city or town limbs, write RURAL and give neurest towo)		
Hespital, Institution, er street address where death occurred:			
	Streel No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sarah Elizabeth Moor			
4. Sex 5. Color or raco 6.(a)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
FCX	11 05- 11		
	20. DATE OF DEATH. 19. 4.6. at 5 P. M		
6,(b) Namo ef husband or wife	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from		
	10 45 to 200 25 10 46		
7. Birth date ef	and that I last saw held alive en 2014 25		
deceased (mo., day, yr.) march 17, 1881.	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Chr. myorachtige		
65- min.			
9. Birthplace	Due to		
10			
10. Usual eccupation	Due to		
11, Industry or business			
12. Name Birthplaco	Dithor conditions		
13. Birthplaco			
	(Include pregnancy within 8 months of death)		
14. Maldon name Susaw Stocks 15. Birthplaco md,	Major findings of operations		
E 15. Birthplaco ma			
18, Informant Edward Moore	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Quings, md.	22. VIOLENCE: If death was due te external causes, fill in the following:		
17. (Burial, eremation, or removal. Which?) Bate thereel / - 2 9 - 4 6 (month) (day) (year)	Accident, suicide, er hemicide		
Cantona Chamball			
Cemotery or crematory	Where did injury eccur?		
Location Calvers, Friend Ship, AA Co	Injured at home, farm, Industry, public place (where?)		
18. Funeral director F. E. Sewell	Moans of Injury Injured at work?		
Address Prince Frederick md.	allie		
n 12 11 & 0 11 TI	23. SIGNATURE M. D. or other		
19. (Date roc'd by registrar) Registrar	Address Fredericker Bate street Free fr		

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BURBAU V 3

2-520- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

	1	11862
Reg.	Diat.	No.

County			d:	2. USUAL RESIDENCE (FIOME) UF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NA	ME Sau	U. /	Parrau.		3. (b) Social Security Numb	er
4. Sex	5. Coffer or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
	***************************************	6.((c) It alive, give ageyears	21. I CERTIFY that death occurred on the date of and that I last sew h	a to	
8. AGE: Yo	are Months	Days	If less than one dayhrsmin.	Coronery relies in		
8. Birthplace		Due to		cally.		
		Where did injury occur?				
18. Funeral director. P. E. Sewell Address Crince Frederick Mo 19. 12-3 19. 46 YY-W Ward Registrar		23. SIGNATURE	Injured at work? Larus M. D. or other			

DEC 6 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	13
	March

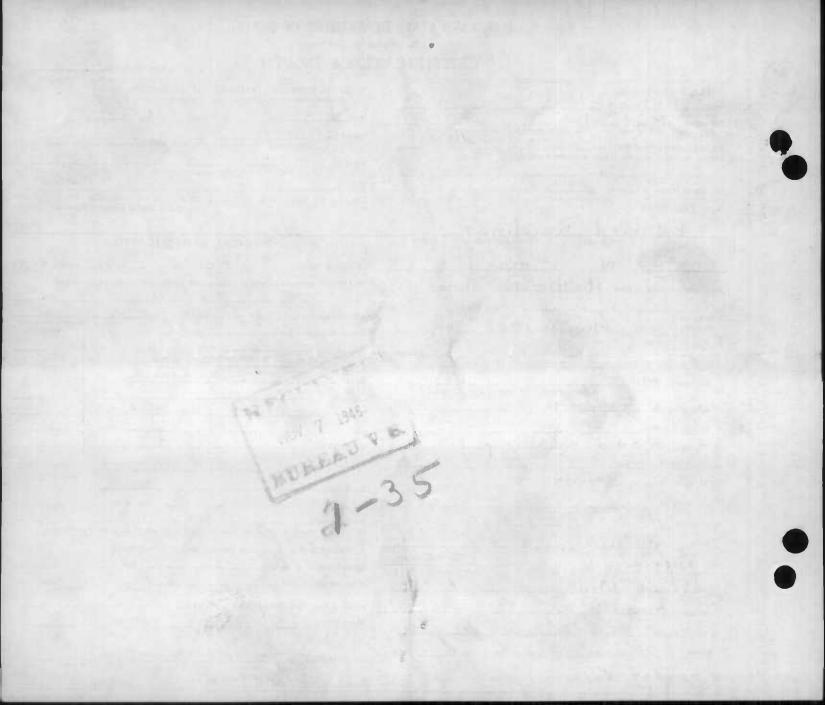
Seed.

CERTIF	ICATE OF DEATH Reg. Diat. No. 5/0		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Columny City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward Kawlings			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M N Married	20. DATE OF DEATH NOU. 2 - 19 4.6 21 9: 40 RM		
8.(b) Name of husband or wife	19 40 to 20 19		
deceased (mo., day, yr.) May-10-1881	Immediate cause of death		
8. AGE: Years Months Days If less than one dayhrs.	min.		
9. Birthpiace	Due to Due to Declare hermal agreement		
E 12. Name David Rawlings E 13. Birthplace 141d	Other conditions		
Z 13. Birthplace /VId.	(Include pregnancy within 8 months of death)		
14. Malden name. Unknown	Major fiadings of operations		
15. Birthplace	major nadings of operations		
18. Informant Hattie Rawlings	Autopsy results		
Address Mutual, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burisi, cremation, or removal. Which?) Date thereof (month) (day) (yet)	Accident, suicide, or homicide		
Cemetery or aromatory 3-100 ks	Where did injury occur?		
Location Mutual, Md	Injured at home, farm, industry, public place (where?)		
18. Funeral director P. G. Sewell	Means of Injury tnjured at work?		
Address Prince Frederick, H,	7d. 23. SIGNATURE de Villament 3		
19. //-+ 19.46 74. W. W. (Date rec'd by registrar)	Address Time and Date signed Our 18		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-8)

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Catrey	
City or fown	State County Cather
	City or town Solomon
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or streef address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war 220
3. (a) FULL NAME	3. (b) Social Security Number
William a. Serke	2
	740
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Movined	20. DATE DF DEATH. 20. 4. 4. 20. M
6. (b) Name of husband or wife agasso m. Seeps	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	mor & 1846, 10 2200, 7 - 18 46
T. 8 Irth date of	and that I last saw h. M. alive on Mov. 7
deceased (mo., day, yr.) Way 10, 1870	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION DURATION
76 5 28nrs. min.	
76 ~ 07	Currue Myscodiles 6 you
9. Birthplace Johnson	Due to.
(Town, county, and state)	Chronic Nemerolos 2 gp
1D. Usual occupation Return	
1 - +-	Due to
11. Industry or business	
I 12. Name / Livy + . Suspen	Dther conditions
12. Hame T. T. Seefel	
14 Maiden name Louise Varton	(Include pregnancy within 8 months of death)
E 14, maiden name	Majur findings of operations
14. Maiden name Laure Varton	Date of op.
18. Informan Edgas Slipps	Autupsy results.
100 111 4.1	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address (Lolanda Ino) Mil	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot 12, 1946 (month) (duy) (year)	Accident, suicide, or homicide
an late of	
Cemetery or crematory Herr alterdial Cemetery	Where did injury occur?
Location Baltimore, Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director a. a. Hackness & Son	Means of Injury Injured at work?
Address mutual, med.	S Q Q = 1
11/ 0/6/0.1	23. SIGNATURE M., D. or other
19. /10 1946 dy.6 s. Voster	
(Date rec'd by registrar) Registrar	Address Ostomono Add Date signed 11/10/4/6



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2)

CERTIFICATE OF DEATH

10865

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Colorest	
(If outside city or town mits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Mospital, Institution, or street address where death agrurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ellen Chesatethe	Hanforth no
4. Sox 5. Color or ruce 6.(a) Single, Corried, widowed, or divorced	MEDICAL CERTIFICATION
7 W W	_ 20. DATE DE DEATH. 30 Nou 1946 at 9 H.
5.(b) Name of husband or wife. Richard Stanforth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2 July 1945 10 30 now 199AM
7. Birth dato of	and that I last saw here alive on 29 non 19 46
deceased (mo., dey, yr.) 7 / D / S / P / S / B / A G.E. Years Months Days If less than one day	Immediate cause of death
	Cubil oxident.
75 9 20hrs,mir	in.
9. Birthpiace 2. Susage Config. and state)	Due to hypellucion
0 . 0	
10. Usual occupation.	Bue ta alluoulous
11, Industry or business	
E 12. Name James Cochrigues	Dther conditions
13. Birthpiace Ind	(Inclode pregnancy within 3 months of desth)
14. Maiden name Margaut Maran) 15. 8irthplace Maf	
IS Sirthalana	Major fiudings of operations
0.104 1.41	
16. Informant Alamana Stanger	Autopsy results
Address Chicago, Ull.	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Dato thereof. Let. 2, 1944 (month) (day) (year)	Accident, suicide, or homicide
(month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Lunderland, Mrd	Injured at home, farm, Industry, public place (where?)
18. Funeral director Q. G. Hackenson & Jose	Means of Injury Injured at work?
Address mentual med	If Was work
1- 11 2/ 11 2/1	23. SIGNATURE. M. D. or other
19. 12-2 19 76 N. W. W. Ward	Hamburgton un Md mi in il Reg X6

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

10866 Reg. Diat. No. 522

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
County Beach In al	State Md County Calkent
(If outside city or town limits, write RURAL and give nearest town)	D 0 !
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 10 3 104. (1
	(II Furai, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ITOMAS WIONE	LANDLEY!
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DF DEATH. MUN 1 1/2 AM
6.(b) Name of husband or wife. DML B	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 non 1946 10 13 none 1946
7. Birth date of 10 - 6.(c) If alive, give age years	and that I last saw h. 1201
deceased (mo., day, yr.) Dec. 21 - 1898	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcinona of Such
5-2 —hrsmin.	V
9. Birthplace Wash DC	Due to
lown, county and state)	
10. Usual occupation COLAT.	Due to.
11, industry or business	
12. Name Orthur Jansley 13. Birthplace England	Other conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden name Elizabeth Garren 15. Birthplace Delourd	Major fiadings of operations
5 15. Birthplace Opelania	Major nadings of operations
And B Janalous	Aotopsy results.
16. Informant 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 103-12 your Beach ma	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof Latter,	Accident, suicide, or homicide
Cometery or crematory and company with Cent	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location TA A Color	Means of Injury Injured at work?
18. Funeral director. And D. A.	0.01
Address 2901 - 1st st NW.	Hiraman
7. 14 46 /2 1 P 11. T. 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar) 19. T. C. Registrar	dolless Handlinglaw Bate signed 4 hay 45



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2-10